

City of Las Vegas

DEPARTMENT OF PUBLIC SAFETY

RECORDS REQUEST FORM

Telephone: (702) 229-6617

Fax: (702) 464-2647

Email: D&ERecordsRequests@lasvegasnevada.gov

Today's Date: _____

Requestor: _____

Subject's Name: _____

ID # / Event # (if known) _____

Records Requested:

NOTE: All confidential information will be redacted from all requests. This includes but is not limited to addresses, telephone numbers, DOB, SSN, and all information pertaining to minors, etc. Special circumstances may apply.

How should requested records be given to requestor? **(CHOOSE ONLY ONE)**

Call for pick-up: # _____

FAX: # _____ (Large files cannot be faxed)

Email Address: _____

Requestor Signature

Processed By: _____ Date: _____ P#: _____